

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 91007668 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3	1					
4	1					
5						
6						
7	1					
8						
9	1					
10	1					
11						
12						
13						
14						
15						
16	1					
17	1					
18	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	18	1	1	1	1	1
TOTAL CLAIMS	22	1	1	1	1	1

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

PTO-1360 (3-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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